

## Clermont Transportation Connection 4003 Filager Rd - Batavia, OH 45103

Dispatch 513.732.7433 - Operations 513.732.7578 - Director 513.732.7577

## **Application for Discounted Fare**

I am applying for a discount fare card available to seniors and persons with disabilities. If I qualify the card will permit me to take advantage of special discounted fares. Before verification the fare will be the standard \$3.00 each way. Once proof of eligibility from my doctor has been received by the Clermont Transportation Connection the fare will be reduced by half to \$1.50. You may mail this form to the above address or fax it to: 732-7490.

| Name:   |                     | _ Phone:                |                      |
|---|---------------------|-------------------------|----------------------|
| Please Print  | t                   |                         |                      |
| Address:  |                     | <del></del>             |                      |
| Street  |                     | City                    | State Zip            |
| Date of Birth://  |                     |                         |                      |
| mm dd yy  | уу                  |                         |                      |
| Signed:   |                     | <del></del>             |                      |
|   |                     |                         |                      |
|   | Proof of E          | ligibility              |                      |
| <b>For Senior Fare</b> : Attach a copy o<br>Card, or Medicare Card. | f Drivers License s | howing age/birth dat    | te or Golden Buckeye |
| For Disabled Fare: physician mus                                    | t complete and s    | ign the lower part of t | this form            |
| l,  |                     |                         | qualified to be      |
| considered disabled and eligible                                    | e for discounted f  | ares.                   |                      |
| Nature of disability:   |                     |                         |                      |
| Is this disability permanent? (circ                                 | le one) Yes No      | O                       |                      |
| lf no: Estimated date of recovery                                   |                     | уууу                    |                      |
| Signature of Physician  | Date                |                         | 's Phone Number      |
|   |                     |                         |                      |

## FORWARD MOTION